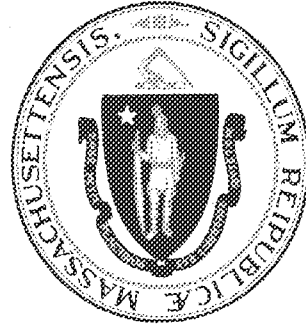


PROJECT SAFE NEIGHBORHOODS



		Federal Share	Match Share	Total
A	Personnel	17,137.00	-	17,137.00
B	Fringe	327.32	-	327.32
C	Indirect	2,536.28	-	2,536.28
D	Consultants	-	-	-
D	Contracts	-	-	-
E	Travel	-	-	-
F	Equipment	-	-	-
G	Supplies	-	-	-
H	Other	-	-	-
	Totals:	20,000.59	-	20,000.59

Applicant Organization: _____

Executive Office of Public Safety
Project Safe Neighborhoods Grant Program
Budget Worksheet

Budget Breakdown

A. Personnel—List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid

Name/Position	Annual Salary	Percent Charged to Program	Brief Narrative	Cost
Overtime	17,137.00	100.00%	Drug Lab Staff Overtime	17,137.00
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total:				17,137.00

B. Fringe Benefits—Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category A and only for

Name/Position	Annual Salary	Percent Charged to Program	Fringe Rate	Cost
Overtime	17,137.00	100.00%	1.91%	327.32
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total:				327.32

C. Indirect Costs—Indirect costs are allowable only if the applicant has a Federally negotiated and approved indirect cost rate. A copy of the rate approval, (a fully negotiated

Name/Position/Contractor/Consultant	Salary to Program	Indirect Rate	Cost
Overtime	17,137.00	100.00%	14.80%
			2,536.28
			-
			-

				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	2,536.28

Consultants—For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of

Contracts—Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants should use a competitive process for procurements

E. Travel—Travel costs (lodging, airfare, meal reimbursement) associated with the PSN grant must be in accordance with either the federal or an organizationally-approved travel

F. Equipment—List non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used). Expendable items

Item	Quantity	Per Unit Cost	Brief Narrative	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

G. Supplies—List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the

[illegible]

H. Other—List items (e.g., rent, reproduction, telephone, janitorial services) by major type and the basis of the computation. For example, provide the square footage and the cost per

[illegible]

TOTAL:	20,000.59
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